

# 2025 Anthem EPO Plan

## The EPO plan does not cover out-of-network services

	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Member cost share (deductible, coinsurance and/or copay as applicable depending on the plan) will apply to all non-Tier 1 (non-Catholic Health) facility services, including admissions through the emergency room.
<b>Office Visits</b>			
Office Visits <sup>1</sup> <i>primary care/specialist</i>	\$0 Primary/ \$0 Specialist Copay	\$45 Primary/ \$70 Specialist Copay	
Preventive Care	\$0 Copay	\$0 Copay	
Maternity Care <sup>1</sup>	\$0 Copay	\$45 Copay for initial visit, then covered 100%	
Allergy Testing and Treatment <sup>1</sup>	\$0 Copay	\$70 Specialist Copay (Copay waived for treatment)	
Chiropractic Care <sup>1</sup>	N/A	\$70 Specialist Copay	
<b>Inpatient/Outpatient</b>			
Deductible	\$0	\$1,250 Individual/\$2,500 Family	
Inpatient	\$0 Copay	Deductible and 30% Coinsurance	
Cardio and Ortho Services	\$0 Copay	50% Coinsurance (Deductible does not apply)	
Outpatient	\$0 Copay	Deductible and 30% Coinsurance	
Cardio and Ortho Services	\$0 Copay	50% Coinsurance (Deductible does not apply)	
Emergency Department <i>waived if admitted</i>	\$50 Copay	\$200 Copay	
Urgent Care Center	\$25 at CH and NY Excel Urgent Care; \$55 Copay at CityMD	\$75 Copay	
Out-of-Pocket Maximum		\$7,200 Individual/\$14,400 Family	
Rx Out-of-Pocket Maximum		\$2,000 Individual/\$4,000 Family	
<b>Home/Office/Outpatient care</b>			
Home Health Care (up to 200 visits PCY)	Covered 100%	Covered 100%	
Home Infusion Therapy	Covered 100%	Covered 100%	
Hospice Care (up to 210 days per life time)	Covered 100%	Covered 100%	
Ambulatory Out-Patient Surgery	Covered 100%	Deductible and 30% Coinsurance	
Anesthesia	Covered 100%	Covered 100%	
Chemotherapy, Radiation Therapy	Covered 100%	Covered 100%	
Kidney Dialysis	Covered 100%	Covered 100%	
<b>Inpatient Care</b>			
Physical Therapy	Covered 100%	Deductible and 30% Coinsurance	
Skilled Nursing Facility	Covered 100%	Deductible and 30% Coinsurance	
Surgery, Surgical Asst, Anesthesia	Covered 100%	Deductible and 30% Coinsurance	

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<b>Mental Health</b>			
Inpatient Care (as many days as medically necessary)	Covered 100%	Covered 100%	
Outpatient visits to an Office or Facility (as many days as medically necessary)	Covered 100%	\$25 Copay	
<b>Substance Abuse</b>	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	
Outpatient rehab visits to an Office or Facility	Covered 100%	\$25 Copay	
Inpatient Detox (as many days as medically necessary)	Covered 100%	Covered 100%	
Inpatient Rehab	Covered 100%	Covered 100%	
<b>Office/Outpatient care</b>	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	
Presurgical Testing	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: Covered 100%	
Laboratory Tests	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: Covered 100%	
X-Rays	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: Covered 100%	
Radiology (MRI, MRA, CAT Scan, PET and Nuclear Cardiology)	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: \$70 Copay	
Physical Therapy (60 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: \$45 Copay	
Other Short-Term Therapies - Speech/ Language, Occupational, Vision (30 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: \$45 Copay	
<b>Other</b>	<b>In-Network</b>		
Medical Supplies	Covered 100%		
Durable Medical Equipment	Covered 100%		
Prosthetics and Orthotics	Covered 100%		
Ambulance (Air Ambulance)	Covered 100%		
Routine Vision Care	\$5 copay for 1 exam every 24 months plus discounts on frames and lenses		

<sup>1</sup> Tier 1 physician copays apply to physicians in the Catholic Health Providers directory. Coverage for other providers depends on whether or not they are in the Anthem network: consult Tier 2 to find out what your coverage is for the providers you choose.